

IEM's AI Modeling: Short-term COVID-19 Projections

Date: 5/3/21

Leveraging over 15 years of support to HHS for medical consequence modeling and our proprietary artificial intelligence (AI) models, IEM believes that our Coronavirus model outputs can be used to assist localities and their medical facilities to better prepare for an increase in hospitalizations, to better plan for and locate drive-through testing facilities, and to determine where increased levels of transmission may be occurring.

We have been refining our AI model over the past month and are confident in its ability to provide accurate 7-day projections that can be used for operational and logistical planning.

AI-based Model Background

IEM is currently using an AI model to fit data from various sources and project new cases of COVID-19. We do not assume the average number of secondary infections (R-value) stays the same over time. IEM's AI model finds the best R-value over time to evaluate how it changes over the course of the outbreak. The IEM modeling team is running ~11 million simulations to fit each state's data and using the best fit for the R-value to project new cases over the next 7 days. The AI models are executed on a daily basis to evaluate the changing dynamics of the COVID-19 pandemic. Our projections have typically been within 10%, and are often within 5%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 5/3/21 9 a.m.

Please provide any feedback or send any questions that you might have to us. We are continually updating and improving the model, so your feedback is critical.

Also, if you have more current or refined data for your State, Commonwealth or Territory that you would like IEM to factor in, please let us know.

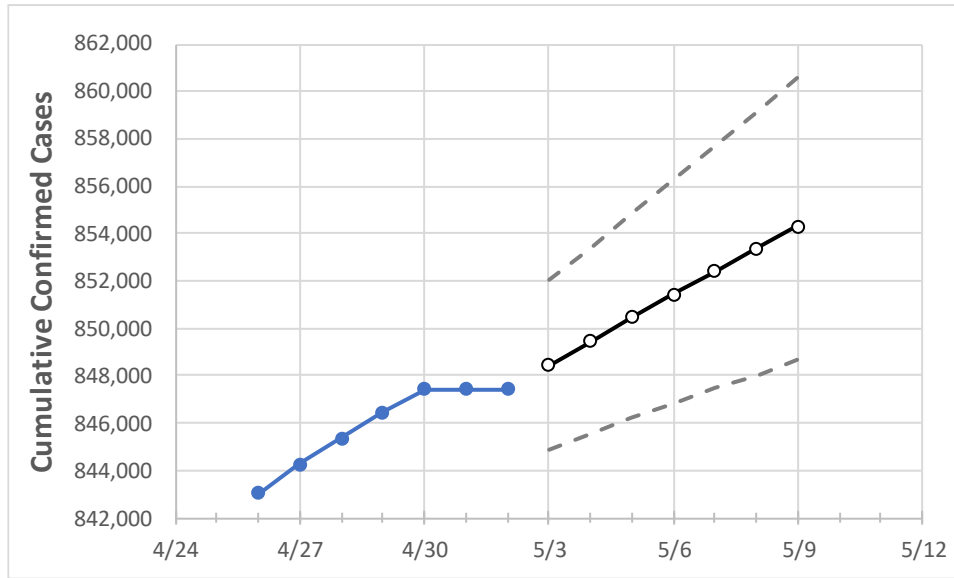
IEM's Modeling Lead

Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He develops key simulation models and decision support tools at IEM, specializing in public health, disaster response, and medical countermeasures (MCM) to enhance data-driven decision making and improve modeling assumptions.

Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at Iowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served as Task Lead in multiple public health projects have allowed him to develop expertise as a mathematical biologist and a leader on high-performance modeling and simulation teams.

He has worked with state and local public health officials as well as Federal agencies, including **HHS**, the Centers for Disease Control and Prevention (**CDC**), and the Department of Homeland Security (**DHS**). Dr. Baccam has published numerous papers on public health response models and implications on policy and has been invited to participate in workshops and symposiums held by the Institute of Medicine (now the National Academy of Health). His modeling results have been briefed to the **Executive Office of the President** and informed two presidential policy actions.

Tennessee State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	4/29	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	
Tennessee	846,472	847,430	847,430	847,430	848,451	849,468	850,476	851,459	852,430	853,390	854,320	

Note: The State’s projection shows a “best estimate” curve (the solid line with circles) and the dotted lines are the upper and lower estimates around that best estimate. Our projections have typically been within 10%, and are often within 5%, of actual confirmed cases.

Tennessee Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	4/29	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	
Blount	15,362	15,388	15,388	15,388	15,410	15,431	15,452	15,473	15,496	15,517	15,537	
Davidson	88,914	88,945	88,945	88,945	89,017	89,093	89,163	89,231	89,300	89,366	89,429	
Hamilton	43,908	43,960	43,960	43,960	44,007	44,053	44,099	44,144	44,190	44,235	44,280	
Knox	50,320	50,369	50,369	50,369	50,414	50,457	50,499	50,539	50,579	50,621	50,660	
Rutherford	42,776	42,810	42,810	42,810	42,852	42,891	42,931	42,973	43,011	43,047	43,081	
Shelby	94,600	94,752	94,752	94,752	94,906	95,062	95,221	95,376	95,533	95,693	95,857	
Sumner	23,814	23,831	23,831	23,831	23,863	23,895	23,926	23,957	23,988	24,017	24,045	
Williamson	27,833	27,845	27,845	27,845	27,872	27,900	27,927	27,951	27,976	28,000	28,023	

Some recipients of our daily COVID-19 short-term (7 day) projections have requested projections of demand for: hospital bed, intensive care unit (ICU) beds, and mechanical ventilation. We realize that different states and localities will have different characteristics for hospital demand of COVID-19 cases, and we are presenting the best assumptions we could find for those medical demands based on scientific literature and health data reporting. Specifically:

- **Beds:** For hospitalization, we use a range of 10% and 20% of cases require hospitalization based on CDC's report ([MMWR, March 18, 2020](#)) and state reports of COVID-19 cases.
- **ICU:** The CDC report found that 24% of hospitalized cases require ICU care.
- **Ventilators:** Based on clinical data from China and state reports, we assume that 50% of ICU cases require a ventilator.

If you have other estimates for these assumptions, please share them with us as we work to refine our modeling, assumptions, and data on a daily basis.

The medical demands shown in the table assume 20% of **cumulative** confirmed cases require hospitalization. To get the medical demand for the assumption that 10% of confirmed cases require hospitalization, simply divide the demand by 2.

Tennessee Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	4/29	4/30	5/1	5/2	5/4				5/6				5/8			
Blount	15,362	15,388	15,388	15,388	15,431	(3,086)	[741]	{370}	15,473	(3,095)	[743]	{371}	15,517	(3,103)	[745]	{372}
Davidson	88,914	88,945	88,945	88,945	89,093	(17,819)	[4,276]	{2,138}	89,231	(17,846)	[4,283]	{2,142}	89,366	(17,873)	[4,290]	{2,145}
Hamilton	43,908	43,960	43,960	43,960	44,053	(8,811)	[2,115]	{1,057}	44,144	(8,829)	[2,119]	{1,059}	44,235	(8,847)	[2,123]	{1,062}
Knox	50,320	50,369	50,369	50,369	50,457	(10,091)	[2,422]	{1,211}	50,539	(10,108)	[2,426]	{1,213}	50,621	(10,124)	[2,430]	{1,215}
Rutherford	42,776	42,810	42,810	42,810	42,891	(8,578)	[2,059]	{1,029}	42,973	(8,595)	[2,063]	{1,031}	43,047	(8,609)	[2,066]	{1,033}
Shelby	94,600	94,752	94,752	94,752	95,062	(19,012)	[4,563]	{2,281}	95,376	(19,075)	[4,578]	{2,289}	95,693	(19,139)	[4,593]	{2,297}
Sumner	23,814	23,831	23,831	23,831	23,895	(4,779)	[1,147]	{573}	23,957	(4,791)	[1,150]	{575}	24,017	(4,803)	[1,153]	{576}
Williamson	27,833	27,845	27,845	27,845	27,900	(5,580)	[1,339]	{670}	27,951	(5,590)	[1,342]	{671}	28,000	(5,600)	[1,344]	{672}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at bryan.koon@iem.com or 850-519-7966 or Stephanie Tennyson at stephanie.tennyson@iem.com or 202-309-4257.